FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Jul 15 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAË REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # 254686 (9)BOB STONE, INC. Principal Place of Business Mailing Address 777 SW 72MÓ AVE 13235 NW 15 ST. BOX 2608/9 BOX 640000-MIAMIFL 831640000 PEMBROKE PINES PENBROKE PINES DO NOT WRITE IN THIS SPACE MIAMIX 33126 EL. 33025 FL 33026 3. Date Incorporated or Qualified 01/05/1962 Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 26 59-0973293 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible ☐ No 24 25 Yes 30 Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STONE BOB -820 N. 178 ST. -MIAMI T. 33162 13235 NW 15 57 Street Address (P.O. Box Number is Not Acceptable) PENBROKE PINES, FL 33028 **B3** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sign are, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ___ Addition TITLE 1.1 TITLE ☐ Change NAME **Sto**ne, Bob 1.2 NAME 13235 NW 15 ST **20 NE 178 ST**. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 39028 MMI FL 33162 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETÉ TITLE Change Addition 21 TITLE STONE, SANDRA NAME 2.2 NAME TZ ZI WN ZESEI STREET ADDRESS 0 NE 178 ST. 2.3 STREET ADDRESS PENDROKE PINES EL 330 28 CITY-ST-ZIF AMI FL 33182 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THILE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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